



**2026 BCBSNM ASO Specialty Pharmacy Prior Authorization Code List**  
**Effective 1/1/2026**  
**(Updated January 2026)**

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit prior authorization through Blue Cross Blue Shield of New Mexico effective Jan. 1, 2025 for BCBSNM Administrative Service Organization (ASO) members.

Use this document to view details for a procedure code, including:

- 1) Drug Product Name - Brand (generic)
- 2) Reason for prior authorization where medical necessity review is required for both therapy and place of infusion (Infusion Site of Care) or for therapy only (Provider Administered Drug Therapy) and/or for Medical Oncology & Supportive Care
- 3) Effective date for when prior authorization was implemented at BCBSNM (provider administered drug therapy or infusion site of care) or Carelon Medical Benefits Management (requests for oncology drugs that are supported by an oncology diagnosis).

**Utilization Management Process**

This file is a searchable PDF.  
 Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

[For Medical Policy information, please access the BCBSNM Medical Policy Website](#)

[For services that are handled by Carelon Medical Benefits Management, Call 1-866-455-8415 or Access Website https://www.careloninsights.com/medical-benefits-management/specialty-care](https://www.careloninsights.com/medical-benefits-management/specialty-care)

Procedure Code	Service Category	Code Description	Managed By	Updates
J1572	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Flebogamma/Flebogamma Dif) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	Carelon or BCBSNM	Remove effective 4/1/2026
J1562	Infusion Site of Care, Provider Administered Drug Therapy	Injection Immune Globulin (Vivaglobin) 100 Mg	BCBSNM	Remove effective 4/1/2026
J9256	Infusion Site of Care, Provider Administered Drug Therapy	Imaavy (nipocalimab-aahu)	BCBSNM	Add effective 4/1/2026
Q5109	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Qbtx Biosimilar (Ixifi) 10 Mg	BCBSNM	Remove effective 4/1/2026

C9399	Medical Oncology & Supportive Care	Unclassified Drugs Or Biologicals	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Unituxin (Dinutuximab). Add effective 07/01/24: Avzivi (bevacizumab-tnjn). Add new drugs effective 10/01/25: bevacizumab-nwgd [This drug to be reviewed under Q5160 effective 04/1/26], penpulimab-kcqx, Add effective 01/01/26: Emrelis (telisotuzumab vedotin-tllv)[This drug to be reviewed under J9326 effective 04/1/26], ZUSDURI (mitomycin) [This drug to be reviewed under J9282 effective 04/1/26], LYNZOZYFIC (linvoseltamab-gcpt). Add effective 04/01/26: QIVIGY (immune globulin intravenous, human-kthm), KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-pmph), INLEXZO (gemcitabine intravesical system), BLNREP (belantamab mafodotin-blmf), POHERDY (pertuzumab-dpzb), BILDYOS/BILPREVDA (denosumab-nxxp), ENOBY/XTRENBO (denosumab-qbde), BOSAYA/AUKELSO (denosumab-kyqq), OSVYRTI/JUBEREQ (denosumab-desu)
J3490	Medical Oncology & Supportive Care	Unclassified Drugs	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Unituxin (Dinutuximab). Add effective 07/01/24: Avzivi (bevacizumab-tnjn). Add new drugs effective 10/01/25: bevacizumab-nwgd [This drug to be reviewed under Q5160 effective 04/1/26], penpulimab-kcqx, Add effective 01/01/26: Emrelis (telisotuzumab vedotin-tllv)[This drug to be reviewed under J9326 effective 04/1/26], ZUSDURI (mitomycin) [This drug to be reviewed under J9282 effective 04/1/26], LYNZOZYFIC (linvoseltamab-gcpt). Add effective 04/01/26: QIVIGY (immune globulin intravenous, human-kthm), KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-pmph), INLEXZO (gemcitabine intravesical system), BLNREP (belantamab mafodotin-blmf), POHERDY (pertuzumab-dpzb), BILDYOS/BILPREVDA (denosumab-nxxp), ENOBY/XTRENBO (denosumab-qbde), BOSAYA/AUKELSO (denosumab-kyqq), OSVYRTI/JUBEREQ (denosumab-desu)

J3590	Medical Oncology & Supportive Care	Unclassified Biologics	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Unituxin (Dinutuximab). Add effective 07/01/24: Avzivi (bevacizumab-tnjn). Add new drugs effective 10/01/25: bevacizumab-nwgd [This drug to be reviewed under Q5160 effective 04/1/26], penpulimab-kcqx, Add effective 01/01/26: Emrelis (telisotuzumab vedotin-tllv)[This drug to be reviewed under J9326 effective 04/1/26], ZUSDURI (mitomycin) [This drug to be reviewed under J9282 effective 04/1/26], LYNOSYFIC (linvoseltamab-gcpt). Add effective 04/01/26: QIVIGY (immune globulin intravenous, human-kthm), Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph), Inlexzo (gemcitabine intravesical system), Blenrep (belantamab mafodotin-blmf), Poherdy (pertuzumab-dpzb), BILDYOS/BILPREVDA (denosumab-nxxp), Enoby/Xtrenbo (denosumab-qbde), Bosaya/Aukelso (denosumab-kyqq), Osvyrti/Jubereq (denosumab-desu)
J9019	Medical Oncology & Supportive Care	Injection Asparaginase (Erwinaze) 1 000 lu	Carelon	Remove effective 4/1/2026
J9282	Medical Oncology & Supportive Care	mitomycin	Carelon	Add effective 4/1/2026
J9326	Medical Oncology & Supportive Care	telisotuzumab vedotin-tllv	Carelon	Add effective 4/1/2026

J9999	Medical Oncology & Supportive Care	Not Otherwise Classified Antineoplastic Drugs	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Unituxin (Dinutuximab). Add effective 07/01/24: Avzivi (bevacizumab-tnjn). Add new drugs effective 10/01/25: bevacizumab-nwgd [This drug to be reviewed under Q5160 effective 04/1/26], penpulimab-kcqx, Add effective 01/01/26: Emrelis (telisotuzumab vedotin-tllv)[This drug to be reviewed under J9326 effective 04/1/26], ZUSDURI (mitomycin) [This drug to be reviewed under J9282 effective 04/1/26], Linozyfic (linvoseltamab-gcpt). Add effective 04/01/26: Qivigy (immune globulin intravenous, human-kthm), Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph), Inlexzo (gemcitabine intravesical system), Blenrep (belantamab mafodotin-blmf), Poherdy (pertuzumab-dpzb), BILDYOS/Bilprevda (denosumab-nxxp), Enoby/Xtrenbo (denosumab-qbde), Bosaya/Aukelso (denosumab-kyqq), Osvyrti/Jubereq (denosumab-desu)
Q5160	Medical Oncology & Supportive Care	bevacizumab-nwgd	Carelon	Add effective 4/1/2026
J9301	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Obinutuzumab 10 Mg	Carelon	Add to Provider Administered Drug Therapy Category effective 4/1/26. Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J3387	Provider Administered Drug Therapy	Skysona (elivaldogene autotemcel)	BCBSNM	Add effective 4/1/2026
J3389	Provider Administered Drug Therapy	Zevaskyn (prademagene zamikeracel)	BCBSNM	Add effective 4/1/2026
J0881	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Darbepoetin Alfa 1 Microgram (Non-Esrd Use)	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0885	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Epoetin Alfa (For Non-Esrd Use) 1000 Units	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

J1459	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Privigen) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1551	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Cutaquig) 100 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1552	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection, immune globulin (alyglo), 500 mg	Carelon or BCBSNM	–
J1554	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Asceniv) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1555	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Cuvitru) 100 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1556	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Bivigam) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1557	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Gammplex) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1558	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Xembify) 100 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1559	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Hizentra) 100 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

J1561	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Gamunex-C/Gammaked) Non-Lyophilized (E. G. Liquid) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1566	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin Intravenous Lyophilized (E. G. Powder) Not Otherwise Specified 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1568	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Octagam) Intravenous Nonlyophilized (E.G. Liquid) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1569	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Gammagard Liquid) Non-Lyophilized (E. G. Liquid) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1575	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin/Hyaluronidase (Hyqvia) 100 Mg ImmuneGlobulin	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1576	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Panzyga) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1599	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin Intravenous Non-Lyophilized (E.G. Liquid) Not Otherwise Specified 500 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1930	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Lanreotide 1 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J2353	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Octreotide Depot Form For Intramuscular Injection 1 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

J9312	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab 10 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5106	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Non-Esrd Use) 1000 Units	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5115	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab-Abbs Biosimilar (Truxima) 10 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5119	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab-Pvvr Biosimilar (Ruxience) 10 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5123	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab-Arrx Biosimilar (Riabni) 10 Mg	Carelon or BCBSNM	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
90283	Infusion Site of Care, Provider Administered Drug Therapy	Immune Globulin (Igiv) Human For Intravenous Use	BCBSNM	–
90284	Infusion Site of Care, Provider Administered Drug Therapy	Immune Globulin (Scig) Human For Use In Subcutaneous Infusions 100 Mg Each	BCBSNM	–
J0129	Infusion Site of Care, Provider Administered Drug Therapy	Injection Abatacept 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is Self Administered)	BCBSNM	–
J0174	Infusion Site of Care, Provider Administered Drug Therapy	Injection, lecanemab-irmb, 1 mg	BCBSNM	Add effective 1/1/2026
J0180	Infusion Site of Care, Provider Administered Drug Therapy	Injection Agalsidase Beta 1 Mg	BCBSNM	–

J0219	Infusion Site of Care, Provider Administered Drug Therapy	Injection Avalglucosidase Alfa-Ngpt 4 Mg	BCBSNM	—
J0221	Infusion Site of Care, Provider Administered Drug Therapy	Injection Alglucosidase Alfa (Lumizyme) 10 Mg	BCBSNM	—
J0222	Infusion Site of Care, Provider Administered Drug Therapy	Injection Patisiran 0.1 Mg	BCBSNM	—
J0223	Infusion Site of Care, Provider Administered Drug Therapy	Injection, givosiran, 0.5 mg	BCBSNM	—
J0224	Infusion Site of Care, Provider Administered Drug Therapy	Injection, lumasiran, 0.5 mg	BCBSNM	—
J0485	Infusion Site of Care, Provider Administered Drug Therapy	Injection Belatacept 1 Mg	BCBSNM	—
J0490	Infusion Site of Care, Provider Administered Drug Therapy	Injection Belimumab 10 Mg	BCBSNM	—
J0491	Infusion Site of Care, Provider Administered Drug Therapy	Injection Anifrolumab-Fnia 1 Mg	BCBSNM	—
J0517	Infusion Site of Care, Provider Administered Drug Therapy	Injection Benralizumab 1 Mg	BCBSNM	—
J0584	Infusion Site of Care, Provider Administered Drug Therapy	Injection Burosumab-Twza 1 Mg	BCBSNM	—
J0598	Infusion Site of Care, Provider Administered Drug Therapy	Injection C-1 Esterase Inhibitor (Human) Cinryze 10 Units	BCBSNM	—
J0638	Infusion Site of Care, Provider Administered Drug Therapy	Injection Canakinumab 1 Mg	BCBSNM	—
J0717	Infusion Site of Care, Provider Administered Drug Therapy	Injection Certolizumab Pegol 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is Self Administered)	BCBSNM	—
J0791	Infusion Site of Care, Provider Administered Drug Therapy	Injection Crizanlizumab-Tmca 5 Mg	BCBSNM	—
J1290	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ecallantide 1 Mg	BCBSNM	—
J1299	Infusion Site of Care, Provider Administered Drug Therapy	Injection, eculizumab, 2 mg	BCBSNM	—

J1301	Infusion Site of Care, Provider Administered Drug Therapy	Injection Edaravone 1 Mg	BCBSNM	—
J1302	Infusion Site of Care, Provider Administered Drug Therapy	Injection Sutimlimab-Jome 10 Mg	BCBSNM	—
J1303	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ravulizumab-Cwvz 10 Mg	BCBSNM	—
J1305	Infusion Site of Care, Provider Administered Drug Therapy	Injection Evinacumab-Dgnb 5Mg	BCBSNM	—
J1306	Infusion Site of Care, Provider Administered Drug Therapy	Injection Inclisiran 1 Mg	BCBSNM	—
J1322	Infusion Site of Care, Provider Administered Drug Therapy	Injection Elosulfase Alfa 1Mg	BCBSNM	—
J1458	Infusion Site of Care, Provider Administered Drug Therapy	Injection Galsulfase 1 Mg	BCBSNM	—
J1602	Infusion Site of Care, Provider Administered Drug Therapy	Injection Golimumab 1 Mg For Intravenous Use	BCBSNM	—
J1743	Infusion Site of Care, Provider Administered Drug Therapy	Injection Idursulfase 1 Mg	BCBSNM	—
J1745	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab Excludes Biosimilar 10 Mg	BCBSNM	—
J1746	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ibalizumab-Uiyk 10 Mg	BCBSNM	—
J1786	Infusion Site of Care, Provider Administered Drug Therapy	Injection Imiglucerase 10 Units	BCBSNM	—
J1823	Infusion Site of Care, Provider Administered Drug Therapy	Injection Inebilizumab-Cdon 1 Mg	BCBSNM	—
J1931	Infusion Site of Care, Provider Administered Drug Therapy	Injection Laronidase 0.1 Mg	BCBSNM	—
J2182	Infusion Site of Care, Provider Administered Drug Therapy	Injection Mepolizumab 1 Mg	BCBSNM	—
J2323	Infusion Site of Care, Provider Administered Drug Therapy	Injection Natalizumab 1 Mg	BCBSNM	—
J2350	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ocrelizumab 1 Mg	BCBSNM	—
J2351	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	BCBSNM	—

J2354	Infusion Site of Care, Provider Administered Drug Therapy	Injection Octreotide Non-Depot Form For Subcutaneous Or Intravenous Injection 25 Mcg	BCBSNM	—
J2356	Infusion Site of Care, Provider Administered Drug Therapy	Injection Tezepelumab-Ekko 1 Mg	BCBSNM	—
J2357	Infusion Site of Care, Provider Administered Drug Therapy	Injection Omalizumab 5 Mg	BCBSNM	—
J2507	Infusion Site of Care, Provider Administered Drug Therapy	Injection Pegloticase 1 Mg	BCBSNM	—
J2786	Infusion Site of Care, Provider Administered Drug Therapy	Injection Reslizumab 1 Mg	BCBSNM	—
J2802	Infusion Site of Care, Provider Administered Drug Therapy	Injection, romiplostim, 1 microgram	BCBSNM	—
J2840	Infusion Site of Care, Provider Administered Drug Therapy	Injection Sebelipase Alfa 1 Mg	BCBSNM	—
J3032	Infusion Site of Care, Provider Administered Drug Therapy	Injection Eptinezumab-Jjmr 1 Mg	BCBSNM	—
J3060	Infusion Site of Care, Provider Administered Drug Therapy	Injection Taliglucerase Alfa 10 Units	BCBSNM	—
J3111	Infusion Site of Care, Provider Administered Drug Therapy	Injection Romosozumab-Aqqg 1 Mg	BCBSNM	—
J3241	Infusion Site of Care, Provider Administered Drug Therapy	Injection Teprotumumab-Trbw 10 Mg	BCBSNM	—
J3245	Infusion Site of Care, Provider Administered Drug Therapy	Injection Tildrakizumab 1 Mg	BCBSNM	—
J3262	Infusion Site of Care, Provider Administered Drug Therapy	Injection Tocilizumab 1 Mg	BCBSNM	—
J3358	Infusion Site of Care, Provider Administered Drug Therapy	Ustekinumab For Intravenous Injection 1 Mg	BCBSNM	—
J3380	Infusion Site of Care, Provider Administered Drug Therapy	Injection Vedolizumab Intravenous 1 Mg	BCBSNM	—
J3385	Infusion Site of Care, Provider Administered Drug Therapy	Injection Velaglucerase Alfa 100 Units	BCBSNM	—
J3397	Infusion Site of Care, Provider Administered Drug Therapy	Injection Vestronidase Alfa-Vjbk 1 Mg	BCBSNM	—

J7183	Infusion Site of Care, Provider Administered Drug Therapy	Injection Von Willebrand Factor Complex (Human) Wilate 1 I.U. Vwf:Rco	BCBSNM	–
J9332	Infusion Site of Care, Provider Administered Drug Therapy	Injection Efgartigimod Alfa-Fcab 2Mg	BCBSNM	–
Q5098	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	BCBSNM	–
Q5099	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	BCBSNM	–
Q5100	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	BCBSNM	–
Q5103	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Dyyb Biosimilar (Inflectra) 10 Mg	BCBSNM	–
Q5104	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Abda Biosimilar (Renflexis) 10 Mg	BCBSNM	–
Q5121	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Axxq Biosimilar (Avsola) 10 Mg	BCBSNM	–
Q5133	Infusion Site of Care, Provider Administered Drug Therapy	Injection, Tocilizumab-Bavi (Tofidence), Biosimilar, 1 Mg	BCBSNM	–
Q5134	Infusion Site of Care, Provider Administered Drug Therapy	Injection, Natalizumab-Sztn (Tyruko), Biosimilar, 1 Mg	BCBSNM	–
Q5135	Infusion Site of Care, Provider Administered Drug Therapy	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	BCBSNM	–
Q5138	Infusion Site of Care, Provider Administered Drug Therapy	ustekinumab-auub	BCBSNM	–
Q5151	Infusion Site of Care, Provider Administered Drug Therapy	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	BCBSNM	–
Q5152	Infusion Site of Care, Provider Administered Drug Therapy	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	BCBSNM	–
Q5154	Infusion Site of Care, Provider Administered Drug Therapy	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	BCBSNM	Add effective 1/1/2026
Q5156	Infusion Site of Care, Provider Administered Drug Therapy	Injection, tocilizumab-anoh (avto	BCBSNM	Add effective 1/1/2026
Q9997	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	BCBSNM	–
Q9998	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ustekinumab-aeKn (selarsdi), 1 mg	BCBSNM	–

Q9999	Infusion Site of Care, Provider Administered Drug Therapy	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	BCBSNM	—
J0642	Medical Oncology & Supportive Care	Injection Levoleucovorin (Khazory) 0.5 Mg	Carelon	—
J0870	Medical Oncology & Supportive Care	Imetelstat (Rytelo)	Carelon	—
J0882	Medical Oncology & Supportive Care	Injection Darbepoetin Alfa 1 Microgram (For Esrd On Dialysis)	Carelon	—
J0896	Medical Oncology & Supportive Care	Injection Luspatercept-Aamt 0.25 Mg	Carelon	—
J0897	Medical Oncology & Supportive Care	Injection Denosumab 1 Mg	Carelon	—
J1323	Medical Oncology & Supportive Care	Injection Elranatamab-Bcmm 1 Mg	Carelon	—
J1326	Medical Oncology & Supportive Care	Vyloy (zolbetuximab-clzb)	Carelon	—
J1442	Medical Oncology & Supportive Care	Injection Filgrastim (G-Csf) Excludes Biosimilars 1 Microgram	Carelon	—
J1447	Medical Oncology & Supportive Care	Injection Tbo-Filgrastim 1 Microgram	Carelon	—
J1448	Medical Oncology & Supportive Care	Injection Trilaciclib 1Mg	Carelon	—
J1449	Medical Oncology & Supportive Care	Injection Eflapegrastim-Xnst 0.1 Mg	Carelon	—
J2506	Medical Oncology & Supportive Care	Injection Pegfilgrastim Excludes Biosimilar 0.5 Mg	Carelon	—
J2820	Medical Oncology & Supportive Care	Injection Sargramostim (Gm-Csf) 50 Mcg	Carelon	—
J2860	Medical Oncology & Supportive Care	Injection Siltuximab 10 Mg	Carelon	—
J3055	Medical Oncology & Supportive Care	Injection Talquetamab-Tgvs 0.25 Mg	Carelon	—
J3263	Medical Oncology & Supportive Care	Loqtorzi (toripalimab-tpzi)	Carelon	—
J9011	Medical Oncology & Supportive Care	Injection, datopotamab deruxtedin	Carelon	Add effective 1/1/2026
J9021	Medical Oncology & Supportive Care	Injection Asparaginase Recombinant (Rylaze) 0.1 Mg	Carelon	—
J9022	Medical Oncology & Supportive Care	Injection Atezolizumab 10 Mg	Carelon	—
J9023	Medical Oncology & Supportive Care	Injection Avelumab 10 Mg	Carelon	—

J9024	Medical Oncology & Supportive Care	Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)	Carelon	—
J9026	Medical Oncology & Supportive Care	Injection, tarlatamab-dlle, 1 mg	Carelon	—
J9028	Medical Oncology & Supportive Care	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Carelon	—
J9032	Medical Oncology & Supportive Care	Injection Belinostat 10 Mg	Carelon	—
J9035	Medical Oncology & Supportive Care	Injection Bevacizumab 10 Mg	Carelon	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis.
J9039	Medical Oncology & Supportive Care	Injection Blinatumomab 1 Microgram	Carelon	—
J9042	Medical Oncology & Supportive Care	Injection Brentuximab Vedotin 1 Mg	Carelon	—
J9043	Medical Oncology & Supportive Care	Injection Cabazitaxel 1 Mg	Carelon	—
J9047	Medical Oncology & Supportive Care	Injection Carfilzomib 1 Mg	Carelon	—
J9055	Medical Oncology & Supportive Care	Injection Cetuximab 10 Mg	Carelon	—
J9061	Medical Oncology & Supportive Care	Injection Amivantamab-Vmjw 2 Mg	Carelon	—
J9063	Medical Oncology & Supportive Care	Injection Mirvetuximab Soravtansine-Gynx 1 Mg	Carelon	—
J9064	Medical Oncology & Supportive Care	Injection Cabazitaxel (Sandoz) Not Therapeutically Equivalent To J9043 1 Mg	Carelon	—
J9118	Medical Oncology & Supportive Care	Injection Calaspargase Pegol-Mknl 10 Units	Carelon	—
J9119	Medical Oncology & Supportive Care	Injection Cemiplimab-Rwlc 1 Mg	Carelon	—
J9144	Medical Oncology & Supportive Care	Injection Daratumumab 10 Mg And Hyaluronidase-Fihj	Carelon	—
J9145	Medical Oncology & Supportive Care	Injection Daratumumab 10 Mg	Carelon	—
J9153	Medical Oncology & Supportive Care	Injection Liposomal 1 Mg Daunorubicin And 2.27 Mg Cytarabine	Carelon	—
J9161	Medical Oncology & Supportive Care	Lymphir (denileukin diftitox-cxdll)	Carelon	—

J9173	Medical Oncology & Supportive Care	Injection Durvalumab 10 Mg	Carelon	—
J9176	Medical Oncology & Supportive Care	Injection Elotuzumab 1 Mg	Carelon	—
J9177	Medical Oncology & Supportive Care	Injection Enfortumab Vedotin-Ejfv 0.25 Mg	Carelon	—
J9179	Medical Oncology & Supportive Care	Injection Eribulin Mesylate 0.1 Mg	Carelon	—
J9203	Medical Oncology & Supportive Care	Injection Gemtuzumab Ozogamicin 0.1 Mg	Carelon	—
J9204	Medical Oncology & Supportive Care	Injection Mogamulizumab-Kpkc 1 Mg	Carelon	—
J9205	Medical Oncology & Supportive Care	Injection Irinotecan Liposome 1 Mg	Carelon	—
J9207	Medical Oncology & Supportive Care	Injection Ixabepilone 1 Mg	Carelon	—
J9223	Medical Oncology & Supportive Care	Injection Lurbinectedin 0.1 Mg	Carelon	—
J9227	Medical Oncology & Supportive Care	Injection Isatuximab-Irfc 10 Mg	Carelon	—
J9228	Medical Oncology & Supportive Care	Injection Ipilimumab 1 Mg	Carelon	—
J9229	Medical Oncology & Supportive Care	Injection Inotuzumab Ozogamicin 0.1 Mg	Carelon	—
J9264	Medical Oncology & Supportive Care	Injection Paclitaxel Protein-Bound Particles 1 Mg	Carelon	—
J9266	Medical Oncology & Supportive Care	Injection Pegaspargase Per Single Dose Vial	Carelon	—
J9269	Medical Oncology & Supportive Care	Injection Tagraxofusp-Erzs 10 Micrograms	Carelon	—
J9271	Medical Oncology & Supportive Care	Injection Pembrolizumab 1 Mg	Carelon	—
J9272	Medical Oncology & Supportive Care	Injection Dostarlimab-Gxly 10 Mg	Carelon	—
J9273	Medical Oncology & Supportive Care	Injection Tisotumab Vedotin-Tftv 1 Mg	Carelon	—
J9274	Medical Oncology & Supportive Care	Injection Tebentafusp-Tebn 1 Microgram	Carelon	—
J9275	Medical Oncology & Supportive Care	Unloxcyt (cosibelimab-ipdl)	Carelon	—
J9276	Medical Oncology & Supportive Care	Ziihera (zanidatamab-hrii)	Carelon	—
J9281	Medical Oncology & Supportive Care	Mitomycin Pyelocalyceal Instillation 1 Mg	Carelon	—

J9286	Medical Oncology & Supportive Care	Injection Glofitamab-Gxbm 2.5 Mg	Carelon	—
J9289	Medical Oncology & Supportive Care	Opdivo Qvantig (nivolumab hyaluronidase-nvhy)	Carelon	—
J9295	Medical Oncology & Supportive Care	Injection Necitumumab 1 Mg	Carelon	—
J9298	Medical Oncology & Supportive Care	Injection Nivolumab And Relatlimab-Rmbw 3 Mg/1 Mg	Carelon	—
J9299	Medical Oncology & Supportive Care	Injection Nivolumab 1 Mg	Carelon	—
J9302	Medical Oncology & Supportive Care	Injection Ofatumumab 10 Mg	Carelon	—
J9303	Medical Oncology & Supportive Care	Injection Panitumumab 10 Mg	Carelon	—
J9306	Medical Oncology & Supportive Care	Injection Pertuzumab 1 Mg	Carelon	—
J9308	Medical Oncology & Supportive Care	Injection Ramucirumab 5 Mg	Carelon	—
J9309	Medical Oncology & Supportive Care	Injection Polatuzumab Vedotin-Piiq 1 Mg	Carelon	—
J9311	Medical Oncology & Supportive Care	Injection Rituximab 10 Mg And Hyaluronidase	Carelon	—
J9316	Medical Oncology & Supportive Care	Injection Pertuzumab Trastuzumab And Hyaluronidase-Zzxf Per 10 Mg	Carelon	—
J9317	Medical Oncology & Supportive Care	Injection Sacituzumab Govitecan-Hziy 2.5 Mg	Carelon	—
J9321	Medical Oncology & Supportive Care	Injection Epcoritamab-Bysp 0.16 Mg	Carelon	—
J9325	Medical Oncology & Supportive Care	Injection Talimogene Laherparepvec Per 1 Million Plaque Forming Units	Carelon	—
J9329	Medical Oncology & Supportive Care	Injection, tislelizumab-jsgr, 1mg	Carelon	—
J9331	Medical Oncology & Supportive Care	Injection Sirolimus Protein-Bound Particles 1 Mg	Carelon	—
J9345	Medical Oncology & Supportive Care	Injection Retifanlimab-Dlwr 1 Mg	Carelon	—
J9347	Medical Oncology & Supportive Care	Injection Tremelimumab-Actl 1 Mg	Carelon	—
J9348	Medical Oncology & Supportive Care	Injection Naxitamab-Ggqk 1 Mg	Carelon	—

J9349	Medical Oncology & Supportive Care	Injection Tafasitamab-Cxix 2 Mg	Carelon	—
J9350	Medical Oncology & Supportive Care	Injection Mosunetuzumab-Axgb 1 Mg	Carelon	—
J9352	Medical Oncology & Supportive Care	Injection Trabectedin 0.1 Mg	Carelon	—
J9353	Medical Oncology & Supportive Care	Injection Margetuximab-Cmkb 5 Mg	Carelon	—
J9354	Medical Oncology & Supportive Care	Injection Ado-Trastuzumab Emtansine 1 Mg	Carelon	—
J9355	Medical Oncology & Supportive Care	Injection Trastuzumab Excludes Biosimilar 10 Mg	Carelon	—
J9356	Medical Oncology & Supportive Care	Injection Trastuzumab 10 Mg And Hyaluronidase-Oysk	Carelon	—
J9358	Medical Oncology & Supportive Care	Injection Fam-Trastuzumab Deruxtecan-Nxki 1 Mg	Carelon	—
J9359	Medical Oncology & Supportive Care	Injection Loncastuximab Tesirine-Lpyl 0.075 Mg	Carelon	—
J9361	Medical Oncology & Supportive Care	Ryzneuta (efbemalenograstim alfa-vuxw)	Carelon	—
J9380	Medical Oncology & Supportive Care	Injection Teclistamab-Cqyv 0.5 Mg	Carelon	—
J9382	Medical Oncology & Supportive Care	Bizengri (zenocutuzumab-zbco)	Carelon	—
Q2043	Medical Oncology & Supportive Care	Sipuleucel-T Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per Infusion	Carelon	—
Q2050	Medical Oncology & Supportive Care	Injection Doxorubicin Hydrochloride Liposomal Not Otherwise Specified 10Mg	Carelon	—
Q4081	Medical Oncology & Supportive Care	Injection Epoetin Alfa 100 Units (For Esrd On Dialysis)	Carelon	—
Q5101	Medical Oncology & Supportive Care	Injection Filgrastim-Sndz Biosimilar (Zarxio) 1 Microgram	Carelon	—

Q5105	Medical Oncology & Supportive Care	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Esrd On Dialysis) 100 Units	Carelon	—
Q5107	Medical Oncology & Supportive Care	Injection Bevacizumab-Awwb Biosimilar (Mvasi) 10 Mg	Carelon	—
Q5108	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Jmdb (Fulphila) Biosimilar 0.5 Mg	Carelon	—
Q5110	Medical Oncology & Supportive Care	Injection Filgrastim-Aafi Biosimilar (Nivestym) 1 Microgram	Carelon	—
Q5111	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Cbqv (Udenyca) Biosimilar 0.5 Mg	Carelon	—
Q5112	Medical Oncology & Supportive Care	Injection Trastuzumab-Dttb Biosimilar (Ontruzant) 10 Mg	Carelon	—
Q5113	Medical Oncology & Supportive Care	Injection Trastuzumab-Pkrb Biosimilar (Herzuma) 10 Mg	Carelon	—
Q5114	Medical Oncology & Supportive Care	Injection Trastuzumab-Dkst Biosimilar (Ogivri) 10 Mg	Carelon	—
Q5116	Medical Oncology & Supportive Care	Injection Trastuzumab-Qyyp Biosimilar (Trazimera) 10 Mg	Carelon	—
Q5117	Medical Oncology & Supportive Care	Injection Trastuzumab-Anns Biosimilar (Kanjinti) 10 Mg	Carelon	—
Q5118	Medical Oncology & Supportive Care	Injection Bevacizumab-Bvzr Biosimilar (Zirabev) 10 Mg	Carelon	—
Q5120	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Bmez (Ziextenzo) Biosimilar 0.5 Mg	Carelon	—
Q5122	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Apgf (Nyvepria) Biosimilar 0.5 Mg	Carelon	—
Q5125	Medical Oncology & Supportive Care	Injection Filgrastim-Ayow Biosimilar (Releuko) 1 Microgram	Carelon	—
Q5126	Medical Oncology & Supportive Care	Injection Bevacizumab-Maly Biosimilar (Alymsys) 10 Mg	Carelon	—
Q5127	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Fpgk (Stimufend) Biosimilar 0.5 Mg	Carelon	—
Q5129	Medical Oncology & Supportive Care	Injection Bevacizumab-Adcd (Vegzelma) Biosimilar 10 Mg	Carelon	—

Q5130	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Pbbk (Fylnetra) Biosimilar 0.5 Mg	Carelon	–
Q5136	Medical Oncology & Supportive Care	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Carelon	–
Q5146	Medical Oncology & Supportive Care	Trastuzumab-strf (Hercessi)	Carelon	–
Q5148	Medical Oncology & Supportive Care	Nypozi (filgrastim-txid)	Carelon	–
Q5157	Medical Oncology & Supportive Care	Injection, denosumab-bmwo (std	Carelon	Add effective 1/1/2026
Q5158	Medical Oncology & Supportive Care	Injection, denosumab-bnht (bom	Carelon	Add effective 1/1/2026
Q5159	Medical Oncology & Supportive Care	Injection, denosumab-dssb (ospd	Carelon	Add effective 1/1/2026
J0174	Provider Administered Drug Therapy	Injection, Lecanemab-Irmb, 1 Mg	BCBSNM	–
J0175	Provider Administered Drug Therapy	donanemab-azbt	BCBSNM	–
J0175	Provider Administered Drug Therapy	Injection, donanemab-azbt, 2 mg	BCBSNM	Add effective 1/1/2026
J0202	Provider Administered Drug Therapy	Injection Alemtuzumab 1 Mg	BCBSNM	–
J0218	Provider Administered Drug Therapy	Injection, Olipudase Alfa-Rpcp, 1 Mg	BCBSNM	–
J0218	Provider Administered Drug Therapy	Injection, olipudase alfa-rpcp, 1 r	BCBSNM	Add effective 1/1/2026
J0225	Provider Administered Drug Therapy	Injection, vutrisiran, 1 mg	BCBSNM	–
J0225	Provider Administered Drug Therapy	Injection, vutrisiran, 1 mg	BCBSNM	Add effective 1/1/2026
J0567	Provider Administered Drug Therapy	Injection Cerliponase Alfa 1 Mg	BCBSNM	–
J0585	Provider Administered Drug Therapy	Injection Onabotulinumtoxina 1 Unit	BCBSNM	–
J0586	Provider Administered Drug Therapy	Injection Abobotulinumtoxina 5 Units	BCBSNM	–
J0587	Provider Administered Drug Therapy	Injection Rimabotulinumtoxinb 100 Units	BCBSNM	–
J0588	Provider Administered Drug Therapy	Injection Incobotulinumtoxin A 1 Unit	BCBSNM	–
J0589	Provider Administered Drug Therapy	Injection, Daxibotulinumtoxina-Lanm, 1 Unit	BCBSNM	–
J0741	Provider Administered Drug Therapy	Injection Cabotegravir And Rilpivirine 2Mg/3Mg	BCBSNM	–

J0775	Provider Administered Drug Therapy	Injection Collagenase Clostridium Histolyticum 0.01 Mg	BCBSNM	–
J0888	Provider Administered Drug Therapy	Injectin Epoetin Beta 1 Microgram (For Non Esrd Use)	BCBSNM	–
J0888	Provider Administered Drug Therapy	Injection, epoetin beta, 1 microg	BCBSNM	Add effective 1/1/2026
J1203	Provider Administered Drug Therapy	Injection, CipaglucoSIdase Alfa-Atga, 5 Mg	BCBSNM	–
J1304	Provider Administered Drug Therapy	Injection, Tofersen, 1 Mg	BCBSNM	–
J1307	Provider Administered Drug Therapy	Injection, crovalimab-akkz, 10 mg	BCBSNM	–
J1411	Provider Administered Drug Therapy	Injection Etranacogene Dezaparvovec-Drlb Per Therapeutic Dose	BCBSNM	–
J1412	Provider Administered Drug Therapy	Injection Valoctocogene Roxaparvovec-Rvox Per MI Containing Nominal 2 X 10 <sup>13</sup> Vector Genomes	BCBSNM	–
J1413	Provider Administered Drug Therapy	Injection Delandistrogene Moxeparvovec-Rokl Per Therapeutic Dose	BCBSNM	–
J1426	Provider Administered Drug Therapy	Injection, Casimersen, 10 Mg	BCBSNM	–
J1427	Provider Administered Drug Therapy	Injection, Viltolarsen, 10 Mg	BCBSNM	–
J1428	Provider Administered Drug Therapy	Injection Eteplirsen 10 Mg	BCBSNM	–
J1429	Provider Administered Drug Therapy	Injection, Golodirsen, 10 Mg	BCBSNM	–
J1628	Provider Administered Drug Therapy	Injection, guselkumab, 1 mg	BCBSNM	–
J1747	Provider Administered Drug Therapy	Injection, Spesolimab-Sbzo, 1 Mg	BCBSNM	–
J1961	Provider Administered Drug Therapy	Injection Lenacapavir 1 Mg	BCBSNM	–
J2267	Provider Administered Drug Therapy	mirikizumab-mrkz	BCBSNM	–
J2326	Provider Administered Drug Therapy	Injection Nusinersen 0.1 Mg	BCBSNM	–
J2327	Provider Administered Drug Therapy	Injection, Risankizumab-Rzaa, Intravenous, 1 Mg	BCBSNM	–
J2329	Provider Administered Drug Therapy	Injection, Ublituximab-Xiiy, 1Mg	BCBSNM	–
J2329	Provider Administered Drug Therapy	Injection, ublituximab-xiiy, 1mg	BCBSNM	Add effective 1/1/2026

J2508	Provider Administered Drug Therapy	Injection, Pegunigalsidase Alfa-lwxj, 1 Mg	BCBSNM	–
J2508	Provider Administered Drug Therapy	Injection, pegunigalsidase alfa-iw	BCBSNM	Add effective 1/1/2026
J2941	Provider Administered Drug Therapy	Injection Somatropin 1 Mg	BCBSNM	–
J3247	Provider Administered Drug Therapy	secukinumab (intravenous)	BCBSNM	–
J3247	Provider Administered Drug Therapy	Injection, secukinumab, intraven	BCBSNM	Add effective 1/1/2026
J3391	Provider Administered Drug Therapy	Injection, atidarsagene autotemcel, per treatment	BCBSNM	–
J3392	Provider Administered Drug Therapy	Injection, exagamglogene autotemcel, per treatment	BCBSNM	–
J3393	Provider Administered Drug Therapy	Injection, betibeglogene autotemcel, per treatment	BCBSNM	–
J3394	Provider Administered Drug Therapy	Injection, lovotibeglogene autotemcel, per treatment	BCBSNM	–
J3398	Provider Administered Drug Therapy	Injection Voretigene Neparovec-Rzyl 1 Billion Vector Genomes	BCBSNM	–
J3399	Provider Administered Drug Therapy	Injection Onasemnogene Abeparovec-Xioi Per Treatment Up To 5X10 <sup>15</sup> Vector Genomes	BCBSNM	–
J3401	Provider Administered Drug Therapy	Beremagene Geperpavec-Svdt For Topical Administration Containing Nominal 5 X 10 <sup>9</sup> Pfu/MI Vector Genomes Per 0.1 MI	BCBSNM	–
J9029	Provider Administered Drug Therapy	Intravesical Instillation Nadofaragene Firadenovec-Vncg Per Therapeutic Dose	BCBSNM	–
J9333	Provider Administered Drug Therapy	Injection, Rozanolixizumab-Noli, 1 Mg	BCBSNM	–
J9333	Provider Administered Drug Therapy	Injection, rozanolixizumab-noli, 1	BCBSNM	Add effective 1/1/2026
J9334	Provider Administered Drug Therapy	Injection, Efgartigimod Alfa, 2 Mg And Hyaluronidase-Qvfc	BCBSNM	–
J9334	Provider Administered Drug Therapy	Injection, efgartigimod alfa, 2 mg	BCBSNM	Add effective 1/1/2026
J9376	Provider Administered Drug Therapy	Injection, Pozelimab-Bbfg, 1 Mg	BCBSNM	–
J9376	Provider Administered Drug Therapy	Injection, pozelimab-bbfg, 1 mg	BCBSNM	Add effective 1/1/2026

Q2041	Provider Administered Drug Therapy	Axicabtagene Ciloleucl Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSNM	–
Q2042	Provider Administered Drug Therapy	Tisagenlecleucl Up To 600 Million Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSNM	–
Q2053	Provider Administered Drug Therapy	Brexucabtagene Autoleucl Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSNM	–
Q2054	Provider Administered Drug Therapy	Lisocabtagene Maraleucl Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSNM	–
Q2055	Provider Administered Drug Therapy	Idecabtagene Vicleucl Up To 460 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSNM	–

Q2056	Provider Administered Drug Therapy	Ciltacabtagene Autoleucl Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSNM	—
Q2057	Provider Administered Drug Therapy	Afamitresgene autoleucl, including leukapheresis and dose preparation procedures, per therapeutic dose	BCBSNM	—
Q2058	Provider Administered Drug Therapy	Obecabtagene autoleucl, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	BCBSNM	—

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